

N. B.—Every item of information should be carefully supplied. AGE must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St Louis*(No. *804*, *Soulard St*)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME(a) Residence. No. *mulst ad 22* St. *23* Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX***Female***4. COLOR OR RACE***white***5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)***Single*5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF**6. DATE OF BIRTH (MONTH, DAY AND YEAR)***about 1891***7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1
day, ____ hrs.
or ____ min.*about 37***8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Home work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Milstadt Del***10. NAME OF FATHER***Henry Oldendorph***11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Del***12. MAIDEN NAME OF MOTHER***Emma Briesacher***13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Del***14.**INFORMANT
(Address)*Kougm F. Oldendorph
mulst ad 22***15.**

FILED

*JUN 12 1928**May E Starkey*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)***June 10 1928***17.**

I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

that I last saw him alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Cerebral Apoplexy
(Non Traumatic)***CONTRIBUTORY (SECONDARY)***7401***18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?

DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed).....

(Address).....

*G. W. Kerner, M.D.
6/12/28 Sep. Corv*
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.**19. PLACE OF BURIAL, CREMATION, OR REMOVAL****DATE OF BURIAL***Milstadt Del**June 12 1928***20. UNDERTAKER****ADDRESS***Rev. C. May del 1926 Allen*

